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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Philippe, Gims S.

Firm: U.S. Patent and Trademark Office
Art Unit 2613

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: June 17, 2005

Re: FLH Ref No.: 450100-4672.1
Serial No: 09/904,296

Number of Pages: 13
(including cover page)

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00290572

PATENT
450100-4672.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Motoki Kato
Serial No. : 09/904,296
Filed : July 12, 2001
For : DECODING METHOD AND APPARATUS AND RECORDING
METHOD AND APPARATUS FOR MOVING PICTURE DATA
Examiner : Philippe, Gims S.
Art Unit : 2613

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	3	Minus	*** = 3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

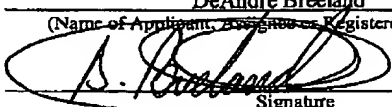
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

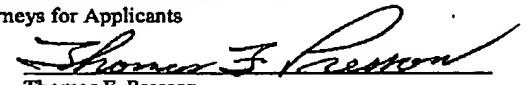
- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ___ is attached, which covers the cost of ☐ additional claims ___ petition for extension of time.
- ☐ Charge \$ ___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being transmitted via facsimile to 703-872-9306 on June 17, 2005.

DeAndre Breeland
(Name of Applicant, Assignee or Registered Representative)

Signature
June 17, 2005
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 
Thomas F. Presson
Reg. No. 41, 442

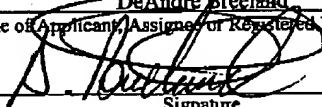
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PICTURE DATA
Examiner : Philippe, Gims S.
Art Unit : 2613
Confirmation No. : 2424

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being transmitted via facsimile to 703-872-9306 on June 17, 2005.	
DeAndre Breeband	
(Name of Applicant, Assignee, or Registered Representative)	
	
Signature	
June 17, 2005	
Date of Signature	

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on March 21, 2005, having a three-month statutory period for response set to expire on June 21, 2005, please amend the above-identified application as follows.

PATENT
450100-4672.1

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.